



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 24612

Title: Spectrum of intracranial incidental findings on pediatric brain magnetic resonance imaging: What clinician should know?

Reviewer's code: 00069139

Reviewer's country: Thailand

Science editor: Xue-Mei Gong

Date sent for review: 2016-01-30 15:23

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Major critique: The manuscript provides an extensive, yet concised and comprehensive review on incidentally detected pediatric brain lesions. The authors put their focus on the reported variety and how to deal with these lesion. A classification based on the need for referral is proposed. On the Box-1, the line between the grade 2 and 3 is somewhat blurred in terms of their meaning. In a certain case that need a follow-up, need for a specialist attention neurologic is usually there. Minor critique: - The submitted version is the one with track-change retained. - Page 24: should box 1 be listed as a Table - 2 - Page 27-28: Should the bar graph be listed as a Figure-1 - Page 32: Shuld the Box 2 be listed as a Table instead? - Figures are confusing. There seem to be 3 Figures but the first Figure has no number. In addition, I cannot find this Figure-x in the manuscript.

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Title: Spectrum of intracranial incidental findings on pediatric brain magnetic resonance imaging: What clinician should know?

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
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		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In the paper, "Spectrum of Intracranial Incidental Findings on Pediatric Brain MRI", S Gupta et al. present a nice and interesting overview on a phenomenon which indeed is not uncommon in daily clinical life, but for which standard operating procedures are not really available since, per definition, it is not something regular but rather implicates an irregular finding. However, to me it appears not quite clear why a sinusitis or a brain tumor that were found incidentally should be treated basically different as compared to a disease that had previously been suspected. And, probably not uncommon, there is an intermediate category of cases, in which, ex-post, after identification of an abnormality, some hints from the history of a patient are identified, which might have led to some suspicion in another doctor, but did not in this particular situation. If the authors comment on the "likelihood of revealing an incidental finding" (p. 12), I do not quite understand the sense of this, since incidental findings are per se unexpected. Categorizing the different situations in which incidental findings might appear in the MRI can certainly be done in many ways, however, probably does not help to make the correct decisions in an individual case. Therefore, I do not see "an obvious need for a



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uniform classification system" (see p. 7 of the paper). I believe that the value of this review lies rather in the description of interesting numbers and cases, not in the production of a classification, a standard operation procedure or an algorithm. Further, I do not see much sense in numbering the three less common incidental findings described in other works (Tab. 4), since they are just an accidental matter. When the authors state that "These findings in pediatric neurology practice remain significantly low (0.3%-3.4%)" (referring to incidental dangerous findings) - I would not say that 3.4% is a low number for such lesions in the normal population. To me it appeared unexpected that vascular malformations, in particular dangerous ones, were nearly not at all described in the quoted reviews. Such disorders are not an uncommon cause of severe complications occurring suddenly, based on an abnormality that had for a long time been asymptomatic. The review, as a whole, does not bring together all data collected from different papers, like a meta analysis - which would be very interesting - but just discusses a lot about possible classifications and clinical decisions that do, in my view, rather depend on the type of finding, not on whether it was found incidentally or not. To summarize, to me it appears that the work focuses on questions that are not so relevant since they cannot be answered in a general way anyway.